

## Scope of Work and Application: *Asthma Health Care Quality Improvement*

**Grant details:** Value of up to \$2,000.00 will be awarded, including cash and equipment. Program will last 1 year, with the possibility of extension.

### **Problem Statement:**

Asthma affected an estimated 90,600 Montana (MT) residents in 2012 and its distribution varies among sociodemographic groups, with the largest disparities occurring across income and race. In 2012, 9.5% of MT adults and 7.7% of children ages 0-17 years reported currently living with asthma. Every year, nearly 4,500 hospitalizations with a primary or secondary diagnosis of asthma occur in MT. Children aged 0-17 and seniors aged 65+ have the highest rates of asthma related hospitalization.

Lack of asthma control is associated with decreased quality of life and increased healthcare utilization (EPR-3 Guidelines).

- 52% of adults and 36% of children in MT with asthma reported symptoms indicating that their disease was not under control (ACBS 2006-2010).
- Only 40% of MT adults and 56% of children with asthma reported having received at least 3 of the recommended 5 pieces of asthma self-management education: how to handle signs and symptoms of worsening asthma; medication use and adherence; inhaler and spacer technique; use of a written asthma action plan; and environmental triggers for asthma (ACBS 2006-2010).

Asthma leads to significant cost, personal limitations, and occasionally death, but it can be controlled with regular outpatient care, self-management, and medication. There is a need for continued efforts in Montana to educate people with asthma on how to control their disease, as well as to train providers on asthma care that is evidence-based, team-based, and patient-centered.

### **Goals:**

The goal of this initiative is to improve health outcomes for patients with asthma, increase access to quality asthma care and self-management education, and reduce overall asthma-related health care costs over time.

### **Deliverables:**

#### Participating Site Deliverables

1. Schedule at least one (1) brief educational session provided by MACP, which will include free continuing education credits for attendees.
2. An initial QI meeting with MACP in order to examine current work flow and areas for incorporating guidelines-based care.
3. Develop and implement guidelines-based care work flows within their facilities using quality improvement methods. Sites are to address the indicator areas assessed by the MACP in accordance with EPR-3 Guidelines.
4. Sites will develop an internal policy to support providing guidelines-based care.

### *The Montana Asthma Control Program (MACP) Deliverables*

1. An award that values up to \$2,000.00 that can be used for medical equipment, such as a hand held spirometer, additional training in an EHR system, attending training sessions, etc.
2. At least one brief educational intervention, approved for continuing education credits, free of charge.
3. An initial QI meeting with the team members at the site in order to establish areas in which to incorporate guidelines-based care, potential QI projects for the year, etc. MACP staff members will come prepared with a toolbox of educational and QI support materials for the site team members to choose from.
4. Support for at least one site staff member in becoming a certified asthma educator before the end of the grant period by providing access to our lending library of materials and our mentorship network.
5. A scholarship for one site staff member to attend the Association of Asthma Educator's training (May 20-21, 2016 in Bozeman, MT) and the Big Sky Pulmonary Conference (February 25-27, 2016 at Fairmont Hot Springs). The Montana Asthma Control Program will reimburse travel and registration related costs at rates defined for state employees.
6. Upon completion of the program, grantees will receive a certificate of completion and a sample press release to use as they see fit.

### **Administration:**

1. Sites will gather a team of relevant, committed individuals to meet regularly and address internal issues as they arise (for example, to start at two-week intervals and potentially increasing or decreasing as the need arises throughout the grant period; specific dates to be agreed upon by the parties).
2. Sites will participate in quarterly conference calls to discuss progress, such as: barriers to implementation, status of certified asthma educator training, status of QI projects, etc. (specific dates to be agreed upon by the parties).
3. Sites will partner with MACP to conduct an ongoing evaluation of the program, including indicators for evaluation of QI project(s), chart reviews to occur in the beginning and end of the grant period, and brief interviews with PH team members at program completion to determine perceptions of the program, barriers to implementation, and ways in which to improve the program in the future.

### **References:**

Centers for Disease Control and Prevention. (2014). *Behavioral Risk Factor Surveillance System*. Retrieved from <http://www.cdc.gov/Brfss/acbs/index.htm>

National Asthma Education and Prevention Program. (2007). *Expert Panel Report 3: Guidelines for the diagnosis and management of asthma*. NIH pub no 07-4051. Bethesda, MD: National Heart, Lung, and Blood Institutes of Health. Available from: <http://www.nhlbi.nih.gov/guidelines/asthma/>



## **Appendix A:**

# **Asthma Health Care Quality Improvement Funding Application**

**Please note that the program is only scheduled to last for one year.**

**If you have any questions, please contact Anna von Gohren (see contact information below).**

**Please remit applications via email, fax, or post-mail to:**

Anna von Gohren  
Montana Asthma Control Program  
Quality Improvement Coordinator  
PO Box 202951  
Helena MT 59620-2951

P: (406) 444-7304 | F: (406) 444-7465 | avongohren@mt.gov

### **ADMINISTRATIVE INFORMATION**

**Step 1: Contact information- Please provide contact information for your facility.**

Medical Facility Name:		
Facility type (hospital/ED, urgent care, primary care, etc.):		
Mailing Address:		
City:	State:	Zip:
Billing Address (if different from above):		
City:	State:	Zip:
Worksite Tax ID #:		
EHR vendor used:		

**Step 2: Staff contact- Please choose one staff member out of your team as the primary contact person for the award.**

Primary contact name:	
Position on staff:	
Credentials:	
E-mail address:	
Work address:	
Phone number:	

### Step 3: Letter of support

Please attach one letter of support from an administrator within your facility on official letterhead. The letter should indicate his or her approval of the project and support of your group's efforts, as well as an indication of the commitment to the sustainability of the program. No special form is required.

### Step 4: Short answer questions- Please answer these in a separate document and submit them with your application to help us better understand your individual facility.

1. Please briefly describe (in five (5) paragraphs or less) barriers you could face in implementing this program, which will introduce a new workflow. How might those barriers be overcome?

### Step 5: Needs and Interests- Please help us to understand how you envision using this sub-award to benefit your facility by placing an "x" next to your needs and interests. *Please note: Only 10% of the total sub-award may go to administrative costs.*

- ☐ Hand held spirometer
- ☐ In check dials, for use in teaching correct inhaler technique
- ☐ Attending the Big Sky Pulmonary Conference (grant to be partially used for salary)
- ☐ At least one staff member becoming a certified asthma educator (AE-C) (grant to be partially used for salary, per diem, and exam-related costs such as travel, lodging, and exam fees)
- ☐ Additional QI training outside of what is provided by MACP
- ☐ EHR support to help with QI projects, building in asthma-related clinical decision support tools, etc.
- ☐ Purchasing additional asthma-related educational materials outside of what is provided by MACP
- ☐ Other (please describe): \_\_\_\_\_

### Step 6: Signature

I certify that the information presented herein is accurate. If my facility is chosen to receive the award: I will complete the project and deliverables as mentioned in this application by the end of the grant period; and I give permission for the news of our award to be released to my facility's administration and board, as well to the local media.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(For email submission, type your name above.)